



GÖTEBORGS UNIVERSITET
INST FÖR KOST- OCH IDROTTSVETENSKAP

Complementary feeding practices of indigenous mothers in rural Bolivia

-An ethnographic study

Agneta Mattiasson and Emelie Ottosson

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Supervisor:	Natalie Barker-Ruchti
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Sammanfattning

Barnets två första levnadsår anses väldigt viktiga för dess optimala tillväxt och utveckling. Den period då mat introduceras är av särskild vikt för barnets hälsa då det, speciellt i utvecklingsländer, är vanligt med diarréer och andra virusinfektioner som allt för ofta leder till undernäring och död. Bolivia har stora problem inom detta område. Den här studien syftar därför till att beskriva och förklara ur ett sociokulturellt perspektiv hur inhemska mödrar på landsbygden i en del av Bolivia gör när de introducerar mat till sina barn som komplement till amning. För att undersöka detta har en etnografisk studie utförts. Tio intervjuer med mödrar till barn under två år har genomförts samt en intervju med en så kallad mammaguide. Dessutom har observationer i anslutning till intervjuerna med mödrarna och två deltagande observationer utförts. Resultaten visar att de flesta barn ges den mat som familjen själv äter, vilken huvudsakligen består av det de själva odlar. En del barn är inaktiva och orkeslösa, vilket kan indikera på att dessa barn får för lite mat. Ohygieniska levnadsförhållanden påverkar hur maten är tillagad, serverad och matad till barnet. När mat introduceras och hur länge barnen ammas bestäms av hur tidigare generationer gjort och till viss del av råd från hälso- och sjukvårdspersonal. Myter och influenser från tidigare generationer samt otillräckliga resurser har en stor inverkan på hur mödrarna gör när de introducerar mat.

Preface

This study has been conducted as a, so called, Minor Field Study. As students from Gothenburg University, the Department of Food and Nutrition, and Sport Science, we were granted a scholarship from The Swedish International Cooperation Agency (SIDA) to conduct a Minor Field Study. This is an opportunity for Swedish students to learn more about developing countries and the issues with which these countries struggle. The Minor Field Study programme implies travelling to a developing country for at least eight weeks in order to collect data for a bachelor or master thesis, in our case a bachelor thesis. We decided to apply for this scholarship out of interests for global issues and different cultures. As we care for children's health and wellbeing, and as Bolivia is fighting big issues regarding malnutrition and child mortality this topic and country were the obvious choices for us. Bolivia is also a multi-cultural country, which we were curious and interested in, particularly the Andean and indigenous cultures.

To be granted a Minor Field Study in a non-English speaking country it is a requirement to speak the native language. In this case it was Spanish, which Agneta knew how to speak. As Emelie didn't speak the language, a certain distribution of the tasks in field was necessary. Agneta was the one performing the interviews and communicated with people who we came in contact with in order to conduct this study. Emelie performed the observations that were done simultaneously with the interviews.

To be in Bolivia and conduct this study has been an unforgettable experience that we have learnt a lot from. As none of us have any personal experiences regarding breastfeeding and complementary feeding this has been an especially interesting and educative experience. Even if it is an impossible task to recreate what we have experienced in field we hope that you will find this thesis interesting and that you will enjoy the reading.

Acknowledgements

As said, this thesis is a Minor Field Study that became possible thanks to a scholarship from SIDA. Conducting this field study in Bolivia would not have been possible without the help from the aid organisation ChildFund Bolivia in La Paz. We would hereby like to express our gratitude to them. Ever since Barnfonden, in Malmö, Sweden, mediated the contact with them, ChildFund Bolivia has helped us through the whole process. We would like to give a special thanks to Sheila Maldonado who has helped us in all possible ways. Arne Post and Saleg Eid have also been very helpful in our work. We would also like to thank Felix Quispe at the Primavera project in Sapahaqui and the mother guide, who both helped us gaining access in the field. Thanks also to Henry Morales Magne, who helped out with practical issues in field, and to Luis Cruz Aruquipa, who was our driver in Sapahaqui and made it possible to reach our informants. For insights in the culture and practical advice we thank our friend Lucia Gonzales. Thanks also to Volga Iniguez who offered us other possibilities to conduct the study. Jesika Ramos, the receptionist at the hotel where we stayed, was a great help to us while transcribing the interviews. As well, our thanks go to our supervisor at Gothenburg University, Natalie Barker-Ruchti, who has been deeply engaged in this study. We would also like to thank her, for introducing us to a new way of writing. Thanks also to Lena Gripeteg, who supervised us during the writing of the project plan in order to apply for the scholarship. Finally we would like to express our deepest gratitude to our informants who have opened their homes for us and shared such personal experiences. Without them this thesis would not have become what it is.

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Introduction

We breathe in the fresh air, look up at the high mountains surrounding us and think about what we have just seen. It feels surreal. What we have seen is very different from what we are used to and it is difficult to comprehend our experiences. It is almost impossible to understand how these people live. We are in Sapahaqui, a municipality in the northern parts of Bolivia.

The focus of this study is to look at how indigenous mothers practice complementary feeding¹ in Sapahaqui, Bolivia. The study includes children below the age of two, which is the age when complementary feeding ought to be practiced. The time between the birth of a child and two years of life is the most critical period of life for optimal growth and development (Imdad, Yakoob & Bhutta, 2011). In the Global Strategy of Infant and Young Child Feeding the World Health Organisation (WHO) states that “infants are particularly vulnerable during the transition period when complementary feeding begins” (2002a, p.6). As stated by Forste (1998) Bolivia is dealing with great health issues among children when feeding is initiated.

The culture that people exists in affects their behavior (Cockerham, 2007). It can therefore be assumed that culture affects how mothers practice complementary feeding. To our knowledge there is no research done on this subject and regarding the issues that the country struggles on the theme, a more holistic understanding of the practices is of importance in order to improve the situation. Except for looking at how complementary feeding is practiced in this area we will therefore also look at the socio-cultural influences on these practices. We have used an ethnographic approach, which researchers may employ to capture a culture of a specific group of people in its own setting (Lichtman, 2010).

Purpose of the study

The purpose of this study is to seek a holistic understanding of complementary feeding practices that indigenous mothers perform in a rural area outside La Paz, Bolivia, called Sapahaqui. This will be done through describing and explaining these practices. The focus will be on indigenous mothers with children under the age of two years.

¹ Dewey (2001) defines this as “(...) the process starting when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk.” Dewey, K. (2001). Guiding principles for complementary feeding of the breastfed child.

http://www.who.int/child_adolescent_health/documents/a85622/en/ Accessed 2012-08-31

Research questions

The purpose has been broken down into following two research questions. Based on these questions we will perform this study.

- How is complementary feeding practiced by indigenous mothers in Sapahaqui?
- How does the socio-cultural context influence how indigenous mothers practice complementary feeding in Sapahaqui?

Importance of our study

This study will give an understanding about complementary feeding practices that has, to our knowledge, not yet been the focus of any research. The result will describe and explain complementary feeding practices in one of many poor areas of Bolivia and possibly other rural parts of the country. In order to improve the health of the children linked to complementary feeding it is of great importance to design interventions in accordance to the cultural setting. This thesis could be a guide to such further interventions but also for research.

Structure of the thesis

This thesis is structured into eight main chapters. First, the introduction with its purpose and research questions. After follows a background to Bolivia which is where this study was conducted. In the same chapter has information about the study area, Sapahaqui, been included. This is included for you, the reader, to get an idea of the country but also the context of the subject. Further on you will find the literature review on complementary feeding practices. There after follows a theoretical framework and the research methodology that has been used. In the last section you will find the results, written in a narrative way, and the discussion where we analyse and discuss the data presented. Finally you will be able to read our own reflections about this study journey.

Background

An introduction to the country

Bolivia, a landlocked country trapped between Argentina, Brazil, Chile, Paraguay and Peru, has an area of 1 098 581 km², which is two and a half times the size of Sweden (Utrikespolitiska Institutet, 2011). The country is the poorest in South America with over 60 per cent of the population living in poverty² (Ministerio de Salud y Deportes, 2005).

The country has a population around ten million which in relation to its area makes it sparsely populated. The indigenous represent more than 60 per cent of the population of which Quechua and Aymara are the largest tribes. The rest of the population is represented by Spanish descendents, mestizos³ and afrobolivians. Languages that are most commonly spoken are Spanish, Quechua and Aymara. Despite the majority of the population being indigenous the major religion in Bolivia is Catholicism (Utrikespolitiska Institutet, 2011).

The majority of the Bolivian population lives in cities of which Sucre and La Paz both are capitals (Nationalencyklopedin, 2011). La Paz is situated in the altiplano⁴ and Sucre in the valleys. Both are situated in the western parts of the country where also most of the population lives. This region is also the poorest and home for most of the indigenous population. The population in the east has better living standards (Banks, Muller, Overstreet & Isacoff, 2010).

Bolivia has three ecological zones consisting of the altiplano in the west, the valleys in the central parts and the lowland in the east (Ministerio de Salud y Deportes, 2005). Because of altitude differences the climate varies from tropical in the lowland to dry and cold in the altiplano region. Due to the variance in ecology Bolivia can count itself to one of the ten countries in the world with the greatest ecological diversity (Utrikespolitiska Institutet, 2011).

The country has great resources of natural gas, minerals like zinc, silver and tin, which are all important exportation goods. Big reserves of lithium have been found, which is expected to become a big export in the future. Bolivia is also a big producer of export goods like soybeans, sugar, cotton and coffee (Banks, Muller, Overstreet & Isacoff, 2010).

² Poverty refers to living under 2\$/day (World Bank, 2010). World Bank (2010). Poverty. <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/0,,contentMDK:22569747~pagePK:148956~piPK:216618~theSitePK:336992,00.html> Accessed 2011-09-13

³ Mestizos are people with origin both from Spanish and indigenous race (Nationalencyklopedin, 2011). Nationalencyklopedin (2011). Mestizo.

<http://www.ne.se.ezproxy.ub.gu.se/sok/mestizo?type=NE> Accessed 2011-09-05

⁴ Altiplano is what the high plateau that you find in Bolivia and Peru is called (Nationalencyklopedin, 2011). Nationalencyklopedin. (2011). Altiplano.

<http://www.ne.se.ezproxy.ub.gu.se/lang/altiplano> Accessed 2011-09-13

Since 1825, when Bolivia became independent from Spanish rule, the country has been characterized by military regimes and an overall unstable political situation. It was as recent as 1982 that Bolivia reinforced democracy and in 2006 the country elected its first indigenous president, Evo Morales (Banks, Muller, Overstreet & Isacoff, 2010). With the new presidency a new constitution was written which means major reforms for the indigenous population. Though there has been an improvement of Bolivia's political situation the country has big issues concerning economy. Despite the natural assets, the country is in deep debt and is dependent on economic assistance from other countries (Utrikespolitiska Institutet, 2011).

Living conditions, mortality and malnutrition

As stated, around two thirds of the population in Bolivia lives in poverty (Ministerio de Salud y Deportes, 2005). Poverty is more common in rural areas of the country and especially among indigenous (Utrikespolitiska Institutet, 2011). According to The United Nations International Children's Fund (UNICEF) the level of extreme poverty almost reached 40 per cent in the country 2006, but for the indigenous population this number is higher (UNICEF, 2011). The millennium development goal⁵ stated that the proportion of people whose income is less than one dollar per day should be halved by year 2015. According to a report from 2005 written by the Ministry of Health and Sports (Ministerio de Salud y Deportes) this goal is unlikely to be achieved by 2015 because of an elevated poverty rate that has been seen in the country.

The country's welfare system is relatively ineffective and is accompanied by lacking infrastructure, low educational level, high unemployment and a working insurance system that reaches only a small part of the population. Poor sanitation is related to poverty, which is more common in rural areas and among the indigenous population (Utrikespolitiska Institutet, 2011). In 2003 only half of indigenous people had access to piped water and basic sanitation (UNICEF, 2011).

Generally the women, especially the indigenous, are looked upon as not being important to society, in contrast to the men, and therefore education is not seen to be necessary for them. This creates a higher illiteracy rate among women than among men. For women who are working this situation is expressed by low wages and low productive jobs (UNICEF, 2011).

The availability of healthcare is affected by the situation in the country. Women, especially in rural areas, have difficulties accessing healthcare during pregnancy or at delivery of the child. In a report from the WHO few women visit a medical clinic during pregnancy and a big difference between urban and rural areas is seen. The report also showed that 42 per cent of women give birth at home (WHO, 2003a). Lack of medical assistance at delivery is one of the

⁵ Goal 1: Eradicate extreme poverty and hunger. Target: Halve, between 1990 and 2015, the proportion of people whose income is less than 1\$ a day (United Nations, 2010, p.6)
United Nations (2010). The Millennium Development Goals Report.
<http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf#page=8> Accessed 2011-09-05

causes to a high maternal mortality in the country, which is one of the world's highest. This rate was as high as 229 per 100 000 live births in 2003, which could be compared to a far higher rate at the rural altiplano with a maternal mortality of 887 per 100 000 live births in 2001 (UNICEF, 2011).

A deceased mother reduces the possibility for the survival of her infant, which relates maternal mortality to child mortality. The health of the mother also affects the survival and health of her children, as a sick or undernourished mother is unlikely to take good care of her children (UNICEF, 2011). Mortality among infants was 40 per 1000 live births in 2011 (Utrikespolitiska institutet, 2011). In 2005 mortality for children under five years of age was 54 per 1000 live births. The incidence of both infant- and child mortality are higher in the rural areas than in urban (Ministerio de Salud y Deportes, 2005).

An important cause of child mortality is malnutrition. One child out of four below the age of five years suffers from chronic malnutrition⁶ (Ministerio de Salud y Deportes, 2005). As well as poverty, malnutrition is more common in rural areas. There are also big differences between regions in the country, for example the altiplano shows the highest levels of malnutrition for children below five years of age (FAO, 2010).

Chronic malnutrition is a severe state of the child's nutritional status which highly affects its health. The immune system of a chronic undernourished child is unlikely to work properly, which makes the child more exposed to illnesses such as diarrhea and respiratory infections. Those diseases are common among children in Bolivia and are strongly related to malnutrition (Forste, 1998). Many children suffering from chronic malnutrition are also likely to be stunted⁷ which when passed the age of two is a state that is difficult to reverse (Dewey, 2001).

Introduction to Sapahaqui

Sapahaqui is one of the municipalities in the department of La Paz. It is situated in rural areas southeast of the city of La Paz (ChildFund International Inc., Bolivia, 2011). The distances from La Paz to the main communities in Sapahaqui are in the range of 95-155 km. Due to a rocky terrain and roads in poor conditions it takes between 2,5-5,5 hours to reach these communities by vehicle (Moralas Magne, 2012). The municipality has an area of 1 023 square kilometers (ChildFund International Inc., Bolivia, 2012), which is twice the size of the municipality of Gothenburg, Sweden (Nationalencyklopedin, 2012). The municipality is located in a valley at an altitude of 2 900 meters above sea level. The climate is temperate and the municipality produces fruits like pears, peaches, grapes and figs. The majority of the

⁶ A state of malnutrition which has lasted for a long period and result in low height related to age (World Food Program, 2011). World Food Programme. (2011). Frågor om hunger. <http://sv.wfp.org/hunger/fr%C3%A5gor-om-hunger> Accessed 2011-09-05

⁷ Stunted is a nutritional state caused by malnutrition, meaning that the height for age is inadequate (Shrimpton, Victoria, de Onis, Costa Lima, Blössner & Clugston, 2001). Shrimpton, R., Victoria, C. G., de Onis, M., Costa Lima, R., Blössner, M. & Clugston, G. (2001). Worldwide Timing of Growth Faltering: Implications for Nutritional Interventions. *Pediatrics*, 107, 75-82.

communities in the valley are located on the riverbanks, which is the main water supply for the population (ChildFund International Inc., Bolivia, 2011).

According to the national institute of statistics of Bolivia the population of Sapahaqui in 2010 was 15 789 (Instituto Nacional de Estadística, 2010). Statistics from 2001 show that 98 per cent of the population is living in poverty, of which a greater part lives in extreme poverty. Almost 95 per cent of the population in 2001 was of indigenous origin. Approximately two thirds of the population speaks both Aymara and Spanish and 25 per cent only speaks Aymara. Most of the population only attends school up to 13 years of age. The average number of years studying differs between men and women, where men on average go to school two years more than the women. This difference is clearly shown when looking at literacy, where men have a higher literacy than women (Instituto Nacional de Estadística, 2001).

In total there are 3287 households in Sapahaqui. Almost half of the households have a water system and nearly 20 per cent have electricity. Around 14 per cent of the households have a kitchen and a toilet. The municipality has four medical centres (Instituto Nacional de Estadística, 2001). In at least two of these there is no portable water. The lack of clean water and poor sanitary conditions contribute to a high level of infant mortality (Morales Magne, 2012). The infant mortality in Sapahaqui was 68 per 1000 infants in 2010 (Instituto Nacional de Estadística, 2010).

Literature review

Below two years of age- a critical period

Inappropriate feeding of the child is a major cause of malnutrition in young children over the world (WHO, 2002a). Malnutrition has globally caused over six million deaths per year among children under five. A big part of these deaths occur under the age of one. The WHO emphasizes the importance of appropriate feeding practices for the development of a country in the following quote: “Inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction.” (WHO, 2003b, p.3).

The WHO has formed global guiding principles regarding complementary feeding. These guiding principles provide advice on when to start complementary feeding and recommend that the complementary food should be adequate for the child’s nutritional needs. Two other guiding principles are to give the child a sufficient amount of food when it is being fed and that complementary feeding is as frequent as needed for the child (WHO, 2002b).

Complementary feeding is recommended to start at around six months and continue up to around two years of age (WHO, 2003b). After six months of age, breast milk alone is no longer sufficient according to the child’s nutritional needs, meaning that the child given only breast milk beyond this age is unlikely to remain healthy and grow well (WHO, 2002b). As long as children are breastfed they can easily assimilate the energy and nutrients that the breast milk contains because it is naturally hygienic. On the other hand, when complementary foods are introduced, an increased exposure to infection is common due to unhygienic conditions. Diarrhea is very common at this state and can cause malnutrition. Appropriate complementary feeding practices are therefore essential (Forste, 1998).

To make sure that appropriate complementary feeding is practiced, it is important that mothers or other caregivers receive reliable knowledge regarding nutrition. It has been shown that malnutrition is often caused by incorrect knowledge about complementary feeding practices rather than by insufficient amounts of food (WHO, 2003b). It could also be speculated that it is possible for mothers to raise well-nourished children even though living in poverty (Wray, 1972). A study made in Ghana on maternal nutritional knowledge related to child nutritional status shows that mothers without formal education can assimilate nutritional knowledge. Another interesting finding is that mothers are unlikely to give their children enough food if they do not relate malnutrition to lack of food (Appoh & Krekling, 2005).

Due to very common malnutrition in young children of Bolivia, which causes a high rate of child mortality it is crucial for the future health of the children and for the progress of the country, that mothers have the accurate nutritional knowledge concerning the two first years of the child’s life to ensure that appropriate complementary feeding is practiced (WHO, 2003b).

Breastfeeding and complementary feeding practices in Bolivia

Findings from research done in the city of La Paz, Bolivia, shows that the majority of mothers breastfeed exclusively during the first month of the infant's life, but numbers who continue exclusive breastfeeding then decrease rapidly. The median duration of exclusive breastfeeding was shown to be three months in this study. Women from rural areas, with whom the researcher came in contact during the study, believe that the duration of exclusive breastfeeding should be longer in comparison to urban women (Ludvigsson, 2003).

In a study conducted in northern Potosí (a rural part of Bolivia), problems with insufficient milk production are showed to be a common perception among mothers which often results in a prematurely stop of breastfeeding and introduction of complementary food. In this area it is common that complementary feeding starts between one and four months. However some of the fathers have heard that it is important with exclusive breastfeeding up to six months and therefore a small group of mothers continue to exclusively breastfeed their children up to this age (Cruz Agudo, Jones, Berti & Larrea Macias, 2010). According to a study made by McCann and Bender (2005) complementary feeding is introduced because the mothers believe that the child is old enough.

Some mothers give their newborns food before starting to breastfeed (Ludvigsson, 2003; Cruz Agudo, Jones, Berti & Larrea Macias, 2010). In the study from the city of La Paz food given before breastfeeding included formula, tea, honey, salt and special food given for illness. To give the infant food before starting to breastfeed is related to exclusively breastfeeding for a short time (Ludvigsson, 2003).

There are different reasons for mothers not breastfeeding straight after birth. From the study conducted in northern Potosí one reason is that it is believed that breast milk gives the infant stomach aches, while 23 out of the 33 interviewed mothers in the study believe that urine is best to give because it cleans the infant's stomach. Some also believe that urine will make the child strong. If breast milk is given to newborns, the mothers believe that the children will eat a lot when they grow, which families studied do not want because they believe they don't have enough food. The same study showed that only 3 out of the 33 interviewed mothers began to breastfeed immediately after birth. The mothers who did were the only ones who had given birth at a hospital (Cruz Agudo, Jones, Berti & Larrea Macias, 2010).

Breastfeeding is in general continued until the child is 12-19 months old in northern Potosí. One reason for the mothers not continuing longer is the perception of insufficient milk (Cruz Agudo, Jones, Berti & Larrea Macias, 2010). McCann and Bender (2005) say that such a perception, which leads to giving the children other foods, actually leads to a state of insufficient breast milk as no production of milk will occur. Another reason to stop breastfeeding is giving birth to another child. There are also many customs from earlier generations saying that breastfeeding should stop at a very early age. One of the customs says that breastfeeding that continues after one and a half year results in disrespectful children who will have a bad behavior towards their mothers. They also believe that the children will be

stupid and not perform well in school. As well as it is believed that breastfeeding during menstruation can harm the child and therefore breastfeeding is stopped (Cruz Agudo, Jones, Berti & Larrea Macias, 2010).

Most of the mothers breastfeed on demand of the child and believe that infants should be breastfed until one to two years of age. The same study points out that the majority of the mothers breastfeed their children in some way during the first year of life (Ludvigsson, 2003).

Regarding complementary feeding, potato and chuño⁸ are the most common foods given to the child in Northerners Potosí. Other than potatoes, the children are also given small amounts of corn, wheat, peas, beans, barley and one or two spoons of thin soup two or three times of day (Cruz Agudo, Jones, Berti & Larrea Macias, 2010). Morales, Aguilar and Calzadilla (2004) states that geography plays an important role in what food can be fed to the children as people in rural areas are depending on the crops they grow themselves on one hand. On the other hand the country's rocky terrain makes it difficult to travel to the city to sell the crops and to buy other crops.

⁸ Dried potato

Theoretical framework

To explain the complementary feeding practices and specifically how the culture relates to these practices we employ the theories of habitus, field and capital developed by Pierre Bourdieu.

Bourdieu, a French sociologist, developed a number of social theories. With these theories, he aimed to explain why people act the way they do. The idea of habitus represents a key concept (Jenkins, 1992) and together with field and capital they explain the relationship between the objective social field and the practices that people perform daily (Webb, Schirato & Danaher, 2002).

Habitus

According to Bourdieu (1977), the habitus is an immanent law that shapes how people act. Each of us has our own habitus embodied inside the mind. The habitus is formed in the early years of life by the social field that one is born into. Habitus is a set of durable generative schemes (or dispositions as Bourdieu calls them), which guides us in social life. Explained by Bourdieu habitus is: “an acquired system of generative schemes objectively adjusted to the particular conditions in which it is constituted” (Bourdieu, 1977, p.95). Further he explains that “the habitus engenders all the thoughts, all the perceptions, and all the actions consistent with those conditions and no others” (Bourdieu, 1977, p.95). When he speaks about conditions he refers to the social field that he sees to shape the habitus. The society is constituted of possibilities, but also of limitations and demands, which shapes habitus accordingly (Bourdieu, 1977). The process of producing practices is an unconscious process going on in our minds (Jenkins, 1992). Jenkins describes this in the following quote:

The power of habitus derives from the thoughtlessness of habit rather than consciously learned rules and principles. Socially competent performances are produced as a matter of routine without explicit reference to a body of codified knowledge and without the actors necessarily ‘knowing what they are doing’ (Jenkins, 1992, p. 76).

This habitual process of practices has a tendency to reproduce the general pattern of the social field (Bourdieu, 1977; Bourdieu & Wacquant, 1992). Bourdieu suggests that every individual is a producer and reproducer of the social field, an objective meaning, consciously or unconsciously. The unconscious is a part of us, a part of our past experiences incorporated so deeply into us that we do not reflect over these when acting. Our history of past experiences, are compared to the present, the more dominant ones. It is our history that has formed us and which we are the result of (Bourdieu, 1977).

As history affects habitus it could either reinforce or change the structure of it. Bourdieu points out that the habitus is not everlasting though it is constituted of a set of durable generative schemes (Bourdieu & Wacquant, 1992). The generative schemes have a capacity of adopting themselves to other social fields and to create relevance in these. As well as the

habitus can adjust to other social fields it can also create different practices according to the present situation of the social field (Jenkins, 1992).

Social field

When an individual is born into a social field, the objective structure of the field becomes automatically accepted by the individual. The structure is incorporated into its mind, which makes up its habitus. Therefore, it is given that the individual will find its social field natural since its mind is a reflection of the field (Bourdieu & Wacquant, 1992). This implies that everything part of one's own field is considered as normal, but other structures will be considered as strange and abnormal. However, the social field is changeable. External and internal factors may affect the field to be transformed. Though, such transformation is a gradual process (Webb, Schirato & Danaher, 2002).

Capital

Within a social field there are material and cultural capitals which are things or attributes that have a value for people. Material capital is referred to material assets while cultural capital is a cultural value as for example consumption patterns (Webb, Schirato & Danaher, 2002).

An individual's position within a field and the amount of capital that the individual has, determines its power in the field. More power makes one able to act in accordance to their interests. The individual's education, class, social connections and position in a field determine the capital that he or she can attain. An individual's expectation is adjusted to the capital that the individual believes it can attain considering the limitations made up by these factors. As well as someone with very little capital tends to be pleased with what they have, there are those gambling to gain more capital. Though, people have different possibilities in life. An individual who, for example, is part of a lower class will encounter difficulties when striving for a higher education that could improve the person's position within the field. These unfair games can be looked upon as a handicap race that has kept on for generations (Webb, Schirato & Danaher, 2002).

Methods

Minor Field Study

There are several aspects that need to be considered when performing a Minor Field Study, which as mentioned earlier means performing a study in a different country with a different culture. One of the most important aspects might be that we are two Western people of different ethnicity and culture stepping into the reality of another culture. Apart from ethical aspects there is also a difficulty of getting into contact with potential informants. If we were to step into the study field on our own we would most likely have problems doing so. Lichtman (2010) says that gaining access as an outsider is a challenge. To get in contact with, and also to create a relationship with informants, so that data can be collected, it is more or less necessary with a “gatekeeper” that is part of the culture studied. This means that the study might be delimited, since the same possibilities as when performing a study in your home country probably will not be given. Further this included to adapt to the situation we were in and having to choose from opportunities available within the time frame of the study.

Research design

This study aims to describe and explain complementary feeding practices why a qualitative approach has been chosen. This approach is, according to Lichtman (2010), suitable when a natural setting is studied. Collecting qualitative data is further suitable for a topic where there is a lack of knowledge, as there is in this case. A descriptive design will be used since the intention is to describe and explain complementary feeding practices as they exist in a particular population, and not to interfere with the outcome (Brink & Wood, 1998).

Ethnography

Ethnography is a way of collecting qualitative data (Lichtman, 2010). Ethnographers look for a holistic view of the lifestyle, beliefs and understandings of the people in the culture being studied. The idea is to describe things in the point of view of those studied rather than of outsiders looking at the culture. This is a difficult matter since it is scarcely possible to be objective when using the researcher as a tool, as done in ethnography (Denscombe, 2010).

To gain access is a crucial part of ethnography. It is necessary to gain access to the specific group in order to study it in its natural setting (Denscombe, 2010). Further, ethnographical studies normally mean that studies are conducted in a natural setting over a longer period of time (Lichtman, 2010; Denscombe, 2010). The time perspective is of value to get an understanding of the culture being studied in order to create thick descriptions of the same (Denscombe, 2010). The time frame for the actual study did not give the possibility for us to stay in the setting for a longer time. Thus ethnography normally demands that the researcher stay in the actual setting for a considerable amount of time. From this perspective, this study might not be considered as an ethnographic study. Though when taking into consideration that

a particular group of people were studied in their own setting the actual work would be classified as ethnographic.

Gatekeeper

Our main contact in the field has been an aid organisation called ChildFund Bolivia⁹. The contact with them was initiated in Sweden a long time in advance before arriving in Bolivia. ChildFund Bolivia was therefore informed of our study before meeting with them in La Paz, Bolivia.

When arriving in Bolivia a meeting was held with ChildFund Bolivia mainly regarding where to conduct the study. Due to the time frame, another area than earlier decided in Sweden, was chosen after discussion with ChildFund Bolivia. An opportunity was given to follow one of their projects which gave us the time and geographical frame for our study.

The project was a baseline for safe water and hygiene among families with children under five years of age¹⁰, which used guided questionnaires to collect their data. By following this baseline we could be introduced to the mothers as part of ChildFund Bolivia and their local project Primavera. Another advantage was to be introduced by a local mother, who is a part of the project Primavera and by ChildFund Bolivia called Mother Guide¹¹. To be introduced by someone who is part of the culture helped us to get in contact with our informants. Due to difficulties getting in contact with our informants on our own, and also because of limited time, this possibility gave us the opportunity to reach informants and collect data for the study.

Sample

The population chosen for the study was indigenous mothers with children under two years of age, living in Sapahaqui, a rural municipality in the department of La Paz, Bolivia. The first two years of the child's life is a critical period due to problems, like diarrhea and malnutrition, occurring when complementary foods are introduced (WHO, 2003b) which is why we chose to focus on this age.

The mothers were selected out of convenience. The first mother with a child less than two years of age that we came across in each community was asked to participate in an interview. This sampling technique is called convenient sampling, which often is used in research because of limited economic and time resources. Convenient sampling is a type of non-

⁹ A non-governmental aid organisation that works with improvement of the living conditions for families, in Bolivia.

¹⁰ Performed by consultants working for ChildFund.

¹¹ Mother guides are mothers working for ChildFunds local projects. In Sapahaqui they work with evaluation of determinants for nutritional status among children. They also perform other activities related children and hygiene.

probability sampling, which is common when conducting interviews (Denscombe, 2010). The mother guide helped by introducing us to mothers who potentially could be our informants.

The base line that we followed conducted questionnaires in 19 communities in Sapahaqui. Different amount of questionnaires were performed in each community. Where the highest numbers of questionnaires were conducted interviews was chosen to be hold, so that enough time was available. The interviews and the observations with mothers and the mother guide were conducted in eleven communities in the municipality.

Data collection

The time frame for the study was from the 23rd of March 2012 and two months forward and the time in Bolivia were between 26th of March until 19th of May. The actual data collection was conducted during four days in April 2012, between the 11th and the 13th in the municipality of Sapahaqui.

The main data was collected from interviews with ten mothers, while additional data were collected by observing during the interviews. The interviews and observations could be done simultaneously since we were two collecting the data; one performing the interviews while the other was observing. An interview was performed with a mother guide to receive information on socio-cultural reasons for complementary feeding practices. Two participant observations, in families where the mothers were not interviewed, where also performed. These two observations were conducted by both of us.

Before arriving in field we considered in what way we could present ourselves so that least attention would be drawn towards us. What clothes to use, but also who we were and what we were doing there, were put into consideration. It is pointed out by Denscombe (2010) that a proper self-presentation for the setting is important to minimize the impact on data (Denscombe, 2010).

In Sapahaqui we were introduced to a mother guide who was asked to help out with the study, by introducing us to mothers and if necessary also serve as interpreter since the population in Sapahaqui, other than Spanish, also speak Aymara. She agreed to do so, on two out of three days.

Interviews

An interview guide was elaborated in accordance with how Lichtman (2010) and Denscombe (2010) suggest that semi-structural interviews are framed around certain topics (see Appendix 1). This interview guide was trialed by interviewing a mother in La Paz to ensure that the guide was well structured and therefore worked well for coming interviews. Another semi-structural interview guide for interviewing a mother guide was also elaborated (see Appendix 2). This one included three open questions, besides two introducing questions.

The interviews with the mothers were held in different places; five were interviewed in their homes and three were interviewed close to their homes on the field where the mothers were working. One interview was held on the school ground of the mother's older children, while one was held in the house of a mother's friend. The interviews were conducted in the places where the mothers were found at the time.

The one of us conducting the interviews tried to create rapport with the mothers by starting off with a conversation that did not have to be related to the subject of the study. Lichtman (2010) points out that it takes time to develop rapport and trust with the informant and that it is important for receiving valuable data from the interview. When the mother seemed ready the interview started. These were so called semi-structured. As Lichtman (2010) and Denscombe (2010) emphasize for these kinds of interviews, when and how the questions were asked depended on what each specific interview situation demanded.

At the beginning of every interview the mother was asked about how many children she has and what ages they are. It is advisable to start an interview with a question that is easy for the informant to answer in order to give the informant confidence and an easy start to open up (Denscombe, 2010; Lichtman, 2010).

When asking questions and receiving answers a neutral approach was sought for. Denscombe (2010) emphasizes the importance of using such an approach during an interview. A curious approach was taken in hope that the informants would feel and act like experts on the subject so that as much information as possible was received. Important information given by the mother was repeated by the author to reassure that it had been correctly understood. Denscombe (2010) points out that it can be an advantage to repeat answers so that no misunderstandings have been done. To end the interviews the mothers were asked if they wanted to share anything else regarding their experiences on the topic. Denscombe (2010) and Lichtman (2010) acknowledge this way of ending an interview and state that this type of ending question can create further interesting data.

The interviews were held in Spanish and sometimes the mothers used Aymara to describe things. The mother guide interpreted when necessary. The interviews that took place on the day when the mother guide was not available all the interviews were held in Spanish by the one of us speaking Spanish. All the interviews except one were recorded. Permission for this was granted by the mothers. Notes in Spanish were also taken with permission from the interviewed mothers. To secure the data it is common to use both audio-recordings and field notes (Denscombe, 2010). All the interviews lasted for approximately 20 minutes. After the interviews were ended the mothers were often curious to know more about us and our country. They were invited to ask us questions in return and we also showed photographs of our homes and home country.

Two interviews were held with mothers whose children were older than two years. The reason for conducting interviews with these mothers was that it in some communities was hard to

find a mother with a child below two years of age. One of the mothers that were asked to participate in an interview declined, due to having to cook for her child.

An interview was held with the mother guide. The interview was held to enrich the data received from the interviews with the mothers, but was also conducted to receive data about socio-cultural causes to complementary feeding practices in the municipality. With permission from the mother guide the interview was recorded and notes were taken. The interview lasted for 45 minutes and was conducted in a semi-structured way.

Observations

For the observations that were performed during the interviews with the mothers, an observation scheme was elaborated (see Appendix 3). Lichtman (2010) suggests deciding three to five identifiable themes for observing, as it is difficult to observe everything. The observation scheme was designed by writing down four themes with underlying subthemes.

To complement the data received in the interviews it is an advantage to observe the surroundings and the person you interview. These types of observations could be equated with a non-participant observation that according to Lichtman (2010) is an observation where no interaction with the people in the setting is done. These observations could validate the data received at the interviews (Brink & Wood, 1998). Ten non-participant observations were done. When conducting observations the informants can have different levels of awareness that they are being observed (Lichtman, 2010). The mothers did not have any knowledge about observations taking place. This was carefully considered before decision was made. It is stated that the responsible researchers should carefully consider the value of knowledge that can be obtained against possible risks for involved informants (Vetenskapsrådet, 2011). Notes were taken in Swedish during these observations with the mothers' approval. Lichtman (2010) advice to keep notes of the setting when performing observations at an interview.

Both of us conducted two participant observations in two family homes. When two researchers observe the same setting it is most probable that they will observe different things due to having different perceptions. The perception about reality that a person has depends on that person's background (Denscombe, 2010).

One of the participant observations took place in a family home and lasted well over an hour. We were introduced to the family by the mother guide, who also was attending during the observation. The mother was told by the mother guide that we were curious about how they were living and that we wished to stay with them for a few hours. Maintaining the naturalness of the setting is very important when doing participant observations, which is why observing as undercover could be an advantage (Denscombe, 2010). Another smaller participant observation was conducted in another family home. The observation took place in the family's outside kitchen. We participated in the activities going on in the kitchen at the time of our appearance. The above two observations included looking at surroundings, the people in the setting and the activities going on. No notes were taken during the observations, but

were written down in Swedish immediately after. Denscombe (2010) states that field notes are either taken in writing or by recording on tape when doing participant observation. Taking notes during an observation could though disturb the naturalness of the setting.

Except for notes taken at interviews and observations, field notes were taken while travelling in between the communities. These field notes were reflections on surroundings, interviews, observations and people. These notes were taken down in Swedish by both of us. Furthermore photos were taken of surroundings and of all the mothers who approved this.

Analysis of data

The analysis of the data has been a process throughout the data collection and the writing of the thesis. As is common when doing ethnographical studies, the analysis has been conducted by coding the data which later has been put into themes (Lichtman, 2010).

After data collection took place the analysis continued when transcribing the eleven interviews in Spanish. The transcripts were then printed on paper and the one of us who speaks Spanish translated the transcripts from the interviews done on the mothers from Spanish into Swedish orally so that the one not speaking Spanish would know the precise outcome of the interviews. The interviews were then coded on the printed examples. The transcripts were gone through again looking for new codes and some codes were also recoded and others were deleted. A final revision was done to make sure that the codes matched through all the interviews. The text matching each code was written down in English on the computer. The same process of analysis followed with the interview done with the mother guide.

The observations were written down on the computer from notes done by hand. These notes were then gone through and coded. Together with the codes from the interviews the codes were then put into categories. After further analysis the categories were made into themes.

The analysis also included looking at photos that were taken during the data collection to remind ourselves about details. The interviews were listened to repeatedly during the analysis which made us see other aspects. How the informants expressed themselves in the interviews was also considered as an important aspect while analysing the data.

When writing down the results, the narrative stories, it felt like we ones again were placed into the reality in Sapahaqui. This as we were writing up the reality of what we had seen and heard. This process opened up for further analysis and made us see things in the data that had not been discovered earlier. From looking at the data in more separate codes and themes we gained a more holistic perspective of their data.

Narrative

The results section in this study has been written in a narrative way, which according to Rossman and Rallis (2012) means writing a story about people's lives. Further they emphasize story telling as a preferable way to describe experiences of people (Rossman & Rallis, 2012). Since this study seeks to look at complementary feeding practices in a broader cultural way and illuminate the mother's experiences about the topic, the narrative writing style is suitable.

Denison and Markula (2003) state that the narrative writing style put the reader into the context and make it real. In order to involve the reader in the context, we also have described the environment where the complementary feeding is practiced. With the narrative writing style we wanted to mediate an understanding about the way the families live and how they practice complementary feeding in an interesting and friendly way of reading. Additionally, the intention is to be as objective as possible and leave a broad way of interpretation to the reader. According to Denison and Markula (2003) the author cannot write in a completely neutral way, since the author's culture and experiences will reflect the story. To achieve as much objectivity as possible, and to be able to present all the characters that we have met, the stories are written in third-person.

The data received from the field is reflected in the stories and no fictitious data has been used. However, the stories are not constructed in its original context. Instead the data are aggregated from different settings in the field in order to create a general picture of their way of living.

Ethical considerations

The ethical principles regarding confidentiality, anonymity and informed consent have been considered when conducting this study (Bryman, 2008). These ethical aspects were followed by informing the informants about the purpose of the study. Furthermore they were notified about the use of the study, how it would benefit them and informed of whom we were. When the informants seemed clear about the study they were asked to participate, though it was pointed out that participation was voluntarily. The informants then gave their oral consent. If they agreed to participate in the study they were asked orally about permission to audio-record and take notes during the interviews and observations. The anonymity and confidentiality was emphasized to the informants and executed by not taking their names or other information that could jeopardize these aspects (Bryman, 2008). Another principle considered and executed was that information received only would be used for the study (Vetenskapsrådet, 2011).

When performing research in developing countries the harm for the informants could potentially be bigger compared to doing research in the own country. Several aspects were taken into careful consideration before conducting this study. The hierarchy that might not be wanted, but very often is present between western and non-western people may imply difficulties for the study, but is also an important ethical aspect. Potential informants might,

because of this hierarchy, feel obliged to participate in the study. Of this reason we tried to be very clear about the purpose of the study, how the information would be used and who we were. That their participation was voluntary was emphasized. This was all communicated orally in order to escape the risk of asking them to sign something that they did not understand. Further it was of special importance to be aware of that other cultures and societies might have different view- and reference points, which were kept in mind when meeting with the population. This has for instance been considered by listening to the informants and trying to understand their situation.

The subject of the study is sensitive since it concerns how the mothers feed their children, which is related to the children's health. Therefore we had to be very careful when expressing ourselves so that the informants would not feel judged or burdened with guilt (Patel & Davidson, 2003).

Results

The following five stories serves as examples of how indigenous mothers in Sapahaqui practice complementary feeding and how their practices are influenced. The data from the 11 interviews and the 12 observations have been compiled and put into the five stories. One action or thought made by one of the women in the following stories could therefore in reality have been done by more than one woman.

The first story describes complementary feeding practices in a setting of a courtyard far away from the city of La Paz. Ollanta, a middle-aged married woman is the main character. The second story tells about breastfeeding and complementary feeding practices and is set on a field where the main character is Amaya, a young married woman, with her first child. In the third story you will get to know an even younger mother, Naira, who is seventeen and lives with her parents and daughter in a village far away from the city of La Paz. This story is set at their house and will show how a family, who is a little bit better off than the average in Sapahaqui, lives. The fourth story is set in a village even further away from the city of La Paz. This story tells about Waylla, a very poor middle-aged woman who struggles to feed her children. The fifth and last story gives the perspective of a mother guide, Illa, who knows well about breastfeeding and feeding practices. All the names used in these stories are fictitious. To indicate that this is now the narrative descriptions, we have used a different font.

In a courtyard

The sun is shining and it feels like it's over 20 degrees Celsius. There is no wind. In a small village in the valley, there's a house made of stone blocks with a grey finish. The roof is made of tin and there are a couple of stained glass windows. It's a one-storey house with a low and narrow double door. The door is made of wood and doesn't close properly, creating gaps between the door and the house. It doesn't have a lock. The house has a courtyard. Some parts of it are covered with a tin roof that's stabilized with beams. On a line hanging between the beams, meat is drying in the sun.

The mother of the family, Ollanta, is wearing a thick knitted jumper, a long skirt and an apron. She's sitting on a wooden case with Inti, her 16-month old son, in her lap. She strokes him gently over his cheeks while he drinks his maka¹². "Mami, why does Inti have maka and not the soup that we eat for breakfast?" Ollanta's older son asks her. "Maka is especially good for his memory. You also had it when you were his age", she explains. Ollanta's friend, Chuyma, gives her 14-month old daughter Nutribebe twice a day, which she's been given from the health center for her daughter to grow well. For breakfast Chuyma gives her daughter coffee, egg and powdered milk.

At ten in the morning, Chuyma enters the courtyard with her daughter. Ollanta picks up two mandarins from a basket and gives one to each of the children. They usually give their

¹² A root growing on high altitudes that is cooked with hot water.

children some kind of fruit before lunch, mostly fruit that grows in their garden. Although, sometimes they travel to the city and buy bananas.

“Good to see she is eating again” Ollanta says when looking at Chuyma’s daughter, who happily eats the mandarin. “Yes, it’s such a relief that she is better again”, Chuyma answers and thinks about what a nightmare it was when her daughter had diarrhea and vomited. It was so bad that she almost died, though with help from the health center one hour’s walk away she did get better.

Inti is running to his mother with lots of energy seeking for her breast. She gives him breast milk when he wants it, which is almost every half an hour. Chuyma looks at them thoughtfully and says: “That seems to be so peaceful”. “It is”, Ollanta says. Chuyma, who didn’t have enough breast milk when her daughter was born and had to start to give her daughter food already after one week, adds: “It would have been more convenient and I would have saved money if I had breastfed. Though I didn’t have any choice since my daughter cried so much as she didn’t get enough breast milk.” Ollanta introduced food to her son as he was six months, since the Primavera project, which supports families with children, taught her to do so. She was told that the child’s stomach isn’t ready to receive any food before six months.

“Oh, now I have to prepare lunch for my family” Chuyma says. “So do I”, Ollanta responds. They don’t have much spare time, though all family members help out doing the everyday work. “See you soon again”, Chuyma says and walks out of the courtyard carrying her daughter. Ollanta starts preparing a soup of quinoa and vegetables. Her mother is sitting beside her frying lamb in a pan while flies are flying around the kitchen. With her dirty hands she grabs green beans from a plastic bag lying on the earthen ground and puts them in the soup. A pot containing peeled potatoes in dirty water is standing on the ground, close to another pot with chunks of raw meat. “Is the meat ready soon?” Ollanta asks her mother, while she gives the cat a push to not go close to the pots. “Soon” she answers.

Ollanta grabs a bowl from a small plastic tub with dirty water. She pours the soup in the bowl for it to cool down. Then she takes Inti’s hands for washing at the water well, which is located in the middle of the courtyard surrounded by bright purple colored flowers. Having portable water is a luxury to Ollanta since no one of her friends has it. She sits Inti down on the wooden bench and gives him his bowl of soup and a spoon. Inti’s grandmother gives him his straw mug with maka. When he was younger, he used to drink powdered milk but nowadays he doesn’t like it anymore.

While Inti eats, his father, who seems to be much younger than Ollanta, enters the courtyard pushing a wheelbarrow filled with chard in front of him. Ollanta smiles when she sees him, revealing two missing front teeth. The father looks dirty and tired. He sits down beside his son and kisses him. “Mami”, her two older children yell as they enter the courtyard. They give everybody a kiss on their cheek and sit down for lunch. After the soup they have the lamb and potatoes. Ollanta mashes the meat and potatoes with a fork to Inti, who eagerly is watching while saliva is running from his mouth. Ollanta watches him eating to make sure that he eats

his ten spoons. “Good boy”, Ollanta says satisfied when Inti eats by himself. Soon after Inti has finished his lunch, he starts to whine and rub his eyes. Ollanta carries him into the house and puts him on one of the wooden beds and wraps colorful thin blankets around him.

“Mami, we played football in school today and I scored” her daughter eagerly tells Ollanta while helping her hanging freshly, yet stained, washed clothes on the washing lines and on tree branches. “Well done”, Ollanta answers. Beside them is a basket full of clothes and a bottle of something that looks like laundry detergent. The children start playing in a pile of empty pet bottles lying on the ground. After a while Inti who has woken up from his nap, runs towards them. They pick ripe and juicy peaches from their tree and give one to Inti.

The grandmother enters the courtyard with two baskets in each hand, one filled with big pears and one filled with tunas¹³. She puts the baskets down when she sees Inti struggling to eat his peach. She divides it into two pieces so he easily can eat it. A hen comes close to him and he gives it a strong kick. He drops the peach on the ground but picks it up again and eats it, now covered in soil. On the ground around him there is garbage, mostly small plastic packages from snacks and peels of different fruits. An unpleasant smell comes from a few meters away, where there is a small fenced paddock with two sheep. Inti sits down on the ground close to the paddock and takes his shoes off. He starts playing with one of them. The father, who now and then keeps an eye on his son, goes to play with him. Suddenly the boy pees on himself. Without hesitation the father takes him straight into the house and changes his knitted trousers, as he’s not wearing a diaper.

It is now eight o’clock at night and it is chilly and dark in the courtyard. Ollanta gives Inti yoghurt and breast milk as she always does before he falls asleep. She puts Inti in bed, kisses him good night and goes back to the kitchen area to help her mother and her older children cleaning pots and plates. The light from a bulb, hanging from the ceiling outside the main door, helps them see while they clean up.

On a field

On a field full of celery, a woman is working. Her name is Amaya. It’s early in the morning and the family has just arrived after having had breakfast. As most mornings her 16-month old daughter Sartaña eats oats soaked in milk and a piece of bread. The little field where the family is working is surrounded by lush trees. The rainy season has just finished and the colder and drier season has arrived. This means that the family spends long days picking the ripe celery.

Amaya’s smile reveals white teeth. She wears a long skirt and two knitted jumpers. Her hands and nails are dirty. Her husband and another young man are also there. They pick celery and place them on a tarpaulin. Music is playing from an old radio hanging on a tree branch. Sartaña, is running around barefoot. She’s wearing a dirty cardigan and a pair of knitted

¹³ A cactus fruit

trousers. Her nails are dirty too and so is her mouth. Her cheeks are round and she seems to be full of energy.

Sartaña has stopped close to the radio and starts to move to the music. Then she sees her grandparents walking towards the field. “Mami!”, she calls. The girl smiles and walks as fast as she can towards her grandmother. The grandparents look young and healthy. Holding hands, they walk to where the men are picking celery. The grandfather sits down on his knees and helps. As he does this, he grabs a small package of crackers from his pocket and offers a few salty crackers to Sartaña. She enjoys the snacks but suddenly turns her head very quickly. She seems anxious, but as soon as she glimpses her mother the anxiety is gone. Sartaña runs to her mother, moves close to her and her mother picks her up. She lies her down in her knee, knowing that she is hungry. The grandmother leaves the field to go home and cook a vegetable soup. Back at the field Sartaña looks for the nipple with her mouth and closes her eyes as soon as she finds it.

During the first weeks of her life she wasn’t able to suck milk from her mother. Amaya’s nipples were flat. Instead, she was given powdered milk until she could grab the nipples. This worried Amaya, who believes that the breast milk is important to strengthen the skeleton and the body and is why she exclusively breastfed her daughter until she was six months old.

Amaya knows other mothers who first had difficulties when breastfeeding. Her friend Saywa told her that she knows of other women who give their babies urine the first few days of life when they don’t have any breast milk. Saywa never had any problems with breastfeeding her nine children. For her the breast milk has always come easily straight after her children have been born.

Sartaña looks up from her mother’s lap in satisfaction after only a few minutes. She’s let down on the ground and takes a curious look around the field. She picks up a scrap and starts playing with it. Sartaña moves around the field giggling, with the snack paper in her hand.

Amaya realises that her daughter wants less milk each time now that she has started to eat food. During a day she breastfeeds her more than 15 times. She thinks about how long she will continue breastfeeding her, but has not made up her mind. She is still not certain, though her mother and the other older women around tell her that it is time to stop. The customs tells her to breastfeed up to 14 months, though some mothers give breast milk up to four years. If one breastfeeds for too long it’s said that the children will put on bad habits and not listen to their mothers. If you breastfeed them for a shorter time they will instead be more loving, more attached to the mother and have nicer thoughts. She wonders how her daughter will be. She has tried to stop breastfeeding but Sartaña still wants the breast milk and Amaya feels that it is wrong to go against her. Most of her friends give breast milk up to around 18 months. Sapaná was told by the health center to continue up to two years of age, though Sapaná herself has no idea why. Saywa stopped breastfeeding all her nine children when they were one year old.

Amaya thinks that her daughter is growing up fast. Ten months have passed since she first tried some vegetable soup. As far as she knows that is a quite common age to start feeding the children. Amaya remembers well when her daughter first tried food. At almost every meal, when her daughter joined them, she was looking at them, at the food they ate and she blew bubbles with the saliva from her mouth. For Amaya this was a sign that it was time to start giving her food. So she did. She started with little and used the old trick “here comes an airplane”. Sapaná started for the same reason as herself, because her son wanted to eat. She looks at her daughter who is running around again. Her daughter has learned things fast. She was only a year old when she knew how to walk.

The grandmother who has prepared the soup calls for the others to come. It is nearly ten o’clock in the morning. The father, who heard his mother in law, calls for the others to come “It’s ready.” The father carries Sartaña back to the house and the others follow. The mother sits Sartaña down in her chair, puts a bib around her neck and the grandmother serves her one soup spoon while the others get two.

Amaya is proud of her daughter, eating by herself. She has been doing this for a while now. She thinks about Uruchi, Sapaná’s son, who is 13 months old and is fed by Sapaná. He doesn’t even have his own spoon or plate. Sapaná feeds him from her own plate. For Amaya it is important that her daughter does things herself. She is aware that her daughter looks at her and learns from her.

After Sartaña has finished the soup she wants breast milk. Her mother puts her in her lap and after breastfeeding her for a while the girl falls asleep. When it is time to walk back to the field the mother carries her sleeping daughter in her aguayos¹⁴ on the back. At the field, Amaya puts her down in the shadow below a tree. She normally falls asleep at this time, just after they have their soup. The family continues their work with the celery and after nearly an hour the girl wakes up. She gets breastfed for a short while before she explores the field again.

Amaya looks at her daughter who has got her eyes on a wandering dog. Sartaña giggles again and is moving in the direction towards the dog. Amaya rises quickly to stop her child from coming too close to the dog. She cannot remember being this afraid of things herself but after she gave birth to her daughter she has become very protective and sees dangers everywhere. She tries not to take her daughter out at night, as she thinks the eagles scare her daughter. If she has to, she dresses her in black clothes or puts a black blanket on her to protect her soul and spirit so that she doesn’t get sick. “Let’s not go there” Amaya tells her daughter and moves her into another direction, away from the dog and scares the dog away from the field. She then gets back to sorting celery.

¹⁴ Colourful cloths in which the mothers carry their babies (or things) on the back.

When it is time for lunch, the family walks back to the house. The grandmother serves her grandchild a little bit of rice and meat. After they are finished eating Amaya breastfeeds her again. The family then continues working on the field.

The girl is pulling the tarpaulin. She's struggling to pull it her way and falls on her bottom. She gets up again and grabs some stones and dirt from the ground. She throws them back on the ground and picks them up again. The daughter looks for her mother at every turn, to make sure that she's there. After playing for a while Sartaña walks to her mother and searches for her nipple. Amaya pulls up her jumper to breastfeed. When Sartaña is lying in her lap she falls asleep. Amaya places her in the shadow with blankets around her. Just as before lunch she naps for about an hour before she starts playing again.

Just before it gets dark they go back to the house. At dinner, Sartaña eats soup again. Just like every other meal, this soup is prepared with the pumpkin and cabbage, which are produced nearby. All children that Amaya knows get fed this way, with crops that are produced nearby. Some don't even have enough. Amaya's friend Saywa believes that her children don't develop well since they only eat what they produce themselves.

Before they put Sartaña to bed, they give her oats and milk, just like in the morning. Once breastfed, she will fall asleep.

At a house

"Tomato!" the 22 month old girl Kantuta exclaims pointing at the tomato plant standing close to the outside kitchen. "You can have one for lunch later", her 17-year old mother, Naira, says. Naira is tall and dressed in clean and intact clothes and is wearing nice sandals. She has her hair in a low ponytail and is wearing hair clips. She also has pierced ears and is wearing one earring. She puts Kantuta in a big open box of wood, which is covered in blankets. Naira picks some pieces of dried meat hanging from a line, waving away flies and goes into the kitchen area to prepare a soup. She puts on the gas of the little propane stove standing close to the concrete floor and puts a pot of water on it. The family always makes different kinds of soup for lunch; it can be soup of wheat, corn, chicken, beef, lamb or quinoa, which will also include some vegetables like spinach, peas and beans. The soup is thin, almost only a stock. After the soup, they eat a main course consisting of rice and potatoes and meat. Usually, her mother helps making lunch but today she's in the city. In the morning she helped out making breakfast for everybody in the family before she left. Her mother has taught her what kinds of food are good for Kantuta. Naira believes that the food is essential since it will make her daughter strong and intelligent.

Kantuta always has powdered milk or yoghurt and a piece of bread for breakfast. When she was younger, she drank powdered milk, though during the day she preferred breast milk. Naira sighs and leans back in the white plastic chair. She is relieved about not having to cook special meals for Kantuta and that her daughter doesn't crave food more often than every second hour.

Tintaya, a friend of Naira, is passing by the house carrying her six month old son. “Hi Naira! I’ve just been to the paediatric doctor in La Paz so thought I should stop by and say hi”. Tintaya says. “Oh, hi! How are you? Have a seat!”, Naira responds. Tintaya sits down and Naira opens a big bottle of Coke. She pours some in a small plastic glass, which she hands over to Tintaya. “Oh, thanks!”, Tintaya says. “What did the doctor say?”, Naira asks. “Well he wanted to ensure that I’ve started to let my son try food.” Tintaya hands the glass back to Naira who also takes a glass. “Okey, yeah, I remember how it was when I introduced food to Kantuta. I had to be patient and wait for her to gain appetite. She passed one and a half year before she ate properly.” Tintaya nods and puts her little son on the ground who grabs an almost empty bag of crackers lying on the ground. Tintaya sees him and takes the bag out of his hand. Naira looks at her cell phone, which makes Tintaya ask “Oh, do you know what time it is?” “Yes, it is 12 o’clock” Naira answers. “Oh, already? Then I have to go home and prepare lunch for my boy.” Tintaya grabs her son and says “See you another day”. “Yes, bye”, Naira responds.

Naira finishes cooking the soup, which she then serves her daughter. Kantuta seems to be hungry and slurps the soup. She eats as much as a big soup spoon. “Finished”, she says and throws her spoon and then her sun hat on the ground. Naira picks them up and serves her the rice, potatoes, meat and the tomato that Kantuta asked for earlier. Kantuta eats the food with a good appetite. As she finishes Naira can see that she looks tired. She puts her to bed for a nap.

A few hours later, Kantuta wakes up from her nap and Naira gives her powdered milk and a banana. Bananas don’t grow around where they live, but sometimes they are in the city where they can buy them. While Kantuta plays with a dog leash, Naira continues what her mother did yesterday. She cuts slices of pears and puts the slices on a table to dry in the sun. Around the table there are plenty of lean chickens desperately searching for food on the dry earthen ground.

“How’s my little girl today?” Kantuta’s grandfather says when he enters the courtyard after a day at work. He plays with her a while before they have their soup. Naira’s sister and parents are also home now and prepare the dinner. Kantuta also eats soup, although she likes the powdered milk better.

In a village

Waylla is walking on the road. She carries her 14-month old son, Payllu, in her aguayos on the back and holds Kusi, her three year old son’s hand. It is a sunny and hot day. Waylla is wearing a long skirt and a long sleeved top. Both are very dirty. Her nails are also dirty and her teeth are in a bad state. Waylla has her hair in long braids lying nicely on her back. Payllu wears two jumpers, but no underwear or trousers. He is very quiet and calm. Kusi is so skinny that his trousers are about to fall off. They are on their way back to their house.

On their way they meet a woman coming from the village. Waylla and the woman start talking. After saying hello the woman asks how old her sons are. Waylla points at Kusi who is standing beside her and says "He is three and the little one was born on the fourth of February" "Last year?", the woman asks. "Yes" Waylla says slightly unsecure. The woman thinks and says "Okay, so he's 14 months then?" Waylla looks confused and doesn't seem to know how many months old her son is, though after a while she confirms "Yes". The woman looks Payllu in his eyes but she doesn't get any contact with him. She looks confused and thinks that he seems very quiet and little for his age, so she asks Waylla "Is he well?" Waylla then tells her about the odor, the odor coming from a dead animal that has been thrown away somewhere. The odor has made her son sick, she says. The woman nods like she understands perfectly what has happened to Payllu, like it's something common. Waylla continues to tell about Payllu in a way showing that she's sad and afraid about what will happen to her son. She tells the woman that the odor from the dead animal has been brought with the wind and entered his stomach and nerves and made him sick. The odor has made Payllu malnourished.

After a while they say goodbye and Waylla continues with her two sons back to the house. They walk past a neighbor's small store, full of soft drinks and snacks. Kusi points into the store, which is more like a hole in the wall, at all the bottles of soft drinks, standing beside a few bottles of water. He pulls his mother's hand showing that he wants some. His mother Waylla shakes her head and says "We don't have enough money". They continue walking.

Waylla sits down in the shade outside her house, exhausted after the short walk. She lies Payllu down in her lap. She licks her skinny, dirty fingers and rubs the dirty hair on his head. She seems sad. She has given birth to ten children but only eight of them are alive today. She is afraid that her son who is lying weak in her lap will not live for much longer.

The house is located at the side of a big empty gravel yard in the middle of the small village. Opposite the house is the health center. The school is there too. In a few minutes the empty yard will be filled with running and screaming children. The house is small and has a double wooden door on the front side. There's no lock on it and the house has no windows. Kusi takes off his sandals and steps inside. It is dark inside even though they have electricity.

Payllu who is still in her lap, searches for her nipple; she pulls up her top so he can grab it. Payllu quietly sucks her breast. He looks to be asleep. When Payllu was newborn, Waylla was very skinny and didn't have much breast milk. She did her best to produce more milk. She knew that insufficient food means no breast milk so she ate lamb and vegetable soup and drank herbal tea. Kusi comes out from the house. Waylla doesn't notice, nor did she notice him being away for a while. He sits down on the threshold going into the house. He's quiet and shows no facial expression. Kusi seems to be an inactive little boy. Waylla is relieved that she still can breastfeed Payllu as she doesn't have much food to give him, or her other children. She began to give him food because she didn't have enough breast milk.

Waylla struggles every day to put food on the table for her family. She feeds Payllu three times a day and she gives what she has; vegetable soup, with a base of rice and corn. When

she can, she buys oats and quinoa. There are times when she feeds him fruit as well, mostly the pacay¹⁵ that grows at the back of the house. On rare occasions she can give him a banana.

When Payllu is satisfied he lets go of the nipple and stays quiet in her lap. He doesn't move much. Payllu is more like a baby than a child of almost one year and a half. Earlier Waylla fed him both the vegetable soup and the rice. Payllu doesn't know how to eat by himself and if she would let him, he would spill the soup so she feeds him. Surprisingly, he didn't even eat rice by himself. She gave him about ten spoons of soup, but fed him rice with her hand. Waylla worries about what will happen when she stops breastfeeding him in four months. She breastfeeds him ten times a day.

A woman from the school comes by with Wayllas seven year old son. The woman looks at Waylla and says "Once again he didn't pay attention in class. He fell asleep." Waylla looks sad and a bit exhausted when the woman tells her this. "It is the third time this week" the woman says. Waylla who knows that her son is trying his best, that he struggles because he is tired of too little food, just says "I'm sorry. Thank you for bringing him." The woman then walks across the yard, back to school. Waylla looks at her son and doesn't know what to say. He's behind in school because he doesn't have the energy to follow the pace. She doesn't know what to do. She feeds her children all that she has. She is preoccupied about the feeding of her children and feels helpless.

At the Primavera center

Illa and her colleague Chima are preparing for the children's arrival. It is nine o'clock on a Thursday morning and just as every other Thursday; the two mother guides spend the day painting, coloring and cutting paper with the younger children from the area. Illa and Chima work for the Primavera project as mother guides. Illa is a middle-aged woman who is a mother of three and unlike most women, she wears trousers. She is very passionate about her job, which means looking out for the younger children and making sure that they are taken care for in the best way possible. Most of the children under two years that come to the center are accompanied by their mothers during the day. The older children are usually left at the center by their mothers.

A mother, Aliqora, is walking up the hill to the center with her son Chinpu who is nearly two years old. They arrive at the center and meet Illa at the door. They chat for a while before she leaves Chinpu with her and walk to the field to work. Most days she has to bring him to the field or leave him at home for his eight year old sister to take care of him. She did so yesterday. Aliqora walked to the field early in the morning, but left prepared vegetable soup, rice and egg so that her daughter could serve herself and her little brother at lunch time. Illa doesn't like that mothers leave their young children with their older siblings because a sister or a brother doesn't take care and feed the child the same way a mother does. Neither will the

¹⁵ A fruit growing on trees in South- and Central America. Also called ice-cream bean.

child receive any breast milk during the day. Illa sees a lot of women bringing their children to the field which means the children are fed food like boiled potatoes, chuños and corn. They don't bring soup because it would get spilled, though some mothers prepare the soup in the morning and have it for breakfast instead. She has seen some mothers who bring oats soaked in milk in a thermos. Though Illa knows that the young children receive breast milk during the day when at the field she believes that the food that the children are fed isn't good enough and is preoccupied about this. Even though Illa thinks that the children are not fed well, like she would have done it, she knows that many mothers don't have the time to prepare proper food.

The children and the mothers have arrived at the center now. The room is full of people. One mother sits by the small table with her 18-month old son who is coloring. She opens a can of Coke that she brought. She drinks some and then lets her son drink as well. Illa sees them and remembers seeing a mother in the village the other day, feeding her three-month old daughter Coke. It upsets her that mothers give their babies soft drinks.

Illa, who as a mother guide has been educated by the project Primavera, knows very well how a child should be breastfed, fed and taken care of. She believes that many mothers do not breastfeed the time and amount they should and that the complementary feeding of the child is often commenced too early or too late. Some mothers start to feed their children by six months, but not all. She thinks that only a few mothers feed their children well.

There is a mother at the center with her two and a half year old daughter. Her two month old son is asleep in a corner of the room wrapped around in cloths. He has been asleep since they arrived. Illa has not seen her breastfeed him. It was the same last Thursday. She has seen many mothers who let their children stay asleep. Illa thinks that they ought to wake them up and breastfeed them every half an hour. Illa knows that some mothers have insufficient breast milk and that some of these mothers struggle to replace the breast milk while others buy oats and milk and prepare for their children.

A young mother has just sat down on a chair in a corner of the room. She pulls up her jumper to breastfeed her three and a half year old son. Illa who sees this walks over to her and says "Did you know that when children are breastfed for more than two years they will not be sucking milk anymore, they will be sucking blood? Mothers only produce breast milk up to two years. You are not feeding your son; you are only killing his hunger." The mother who has her jumper pulled up and is breastfeeding her son looks surprised and doesn't know what to say. Illa returns to the little girl she was just helping. The mother pulls down her jumper and thinks about what Illa just said. She is confused. Her mother and other women around her have breastfed until the children are about four years old and her son is only three and a half.

Illa and Chima line up the children for washing their hands before lunch. To teach them that this is important is one of their tasks as mother guides. While eating, Illa comments the soup that they are having. "There should really be more vegetables in the soup. Many mothers

don't put enough vegetables in the soup." She thinks about when the doctor said that children should eat more vegetables. The young mother, who breastfed her son, interrupts Illa in her thoughts and asks her about what she said earlier. Illa tells her that the recommended time to breastfeed is two years, not longer. She gladly takes the opportunity to tell the young mother regarding feeding of children as well. "It is important that you start to give food when your child is six months. Start with purees of vegetables and fruit. Give your child one teaspoon at first and increase as the months pass. After a while you start giving your child breakfast, oats soaked in milk or quinoa." "And don't feed your child tea or coffee", Illa tells her in a very decisive way. The young mother who looks surprised and confused thinks about her son who she has given both tea and coffee since he was around four months old. She wonders why Illa is telling her not to feed him that, but doesn't say anything. Illa continues: "Then you should start to give your child second course at lunch as well and your child will need more than just rice and eggs. Feed your child rice and meat. Give this after the vegetables that you have taken out of the soup and mashed. You should feed your child five times a day and continue breastfeeding. When your child is born give the first breast milk, this yellow milk, the colostrum. This first milk is important for the child's health and growth." The young mother appears to have stopped listening but nods anyway. Illa continues "If you do like this your child will grow and develop well." The young mother nods and thanks Illa for her advice. She then walks back to her seat and continues to eat with a confused look in her face. She doesn't look to be comfortable where she is anymore.

A mother who is sitting in front of Illa is feeding her nine month old daughter soup. The daughter doesn't seem to be used to eating. She pushes the plate away, gets distracted and spills some of the soup. Her mother removes the plate and puts her daughter down on the floor. The girl starts to crawl away and doesn't seem to care much about not getting more food. As soon as they all have finished eating, the girl is being breastfed by her mother. Illa sees all this and believes that many mothers give up too easily. They don't help or teach their children to eat. She believes that a mother needs to find a way for teaching their child to eat. Otherwise the child will get used to the breast and will not want to eat.

Illa and Chima start cleaning up as soon as the children and mothers have left. "Most mothers don't do as they should, not like me. They should ask me more about feeding." Illa says to Chima. "It would benefit the children's health. Primavera should pay me to advise the mothers, more than just when we evaluate the children twice a year. Since I know all about how a mother should feed and breastfeed her child in the best way, I should give them advice." Illa continues. Chima looks at Illa, which makes Illa go on, "The mothers don't eat well during pregnancy either. Many children are born unhealthy, weak and skinny and after birth many mothers continue to eat bad which make them produce insufficient breast milk. The mothers don't eat enough oats and vegetables. If they only eat dry things like rice, pasta, potatoes and chuños they don't produce milk and the child gets malnourished and the mothers don't realise why their children get sick. The children suffer because they don't receive enough breast milk." Chima nods and they continue cleaning.

Illa turns her head towards Chima who is sweeping the floor “Why do you think the mothers’ feeding of the children looks like it does?” Chima stops sweeping for a while and says “Well, it’s difficult around here. Most mothers can only feed what is cultivated here, fruit and vegetables, and don’t even have the possibility to buy oats and milk or even cheap food like quinoa. Once when my son was malnourished I got the advice from the doctor to buy quinoa, though I know that many mothers can’t even buy that.” Illa nods and adds “I believe that there is a lack of knowledge but also lack of information, and training too. I mean, most mothers do as their mothers have done and like that it goes back in generations. I also think that the government of the municipality should be held responsible. They have abandoned our village and only work here one day a week. I think there ought to be a ministry of health and education that ensures that the children are in good health and that they receive good education.” Illa looks upset and thinks about all the single mothers she has seen not taking good care of their children. The municipality should do something about this she thinks. Chima looks at her and says “Yes, that is true.”

Discussion

Here follows a discussion of the results, where the theories of social field, habitus, material capital and cultural capital have been applied. There after follows conclusion, way forward and finally is the discussion of methods presented.

Discussion of results

The social field sets the standard

Sapahaqui could be looked upon as a social field. It is a field that has few possibilities for improving the life situation for the population. The majority of the mothers lack basic education and the population lives with poor sanitary conditions. Furthermore, Sapahaqui is a geographically isolated area and the population has limited material assets. This field is the reality for the people living in Sapahaqui and thus form a standard for how complementary feeding can be practiced.

Material capital- a contributing factor to available possibilities

The limited possibilities, as little basic education, within the field make it hard for the population to gain more material capital when striving for it (Webb, Schirato & Danaher, 2002). For example, Waylla, strives to put enough food on the table for her family. Her struggles have implications for her children. For instance, one of her elder sons has troubles to follow in school, as he very often is low in energy. The likelihood of him finishing school with good results is consequently small. Without education he will have fewer possibilities to improve his future life situation. As this vicious circle keeps on going his future children will be facing the same issues.

Furthermore, geography has a great impact on what type of food the families in Sapahaqui can put on the table. This is true as the families possess a limited amount of material capital, which results in a food consumption mainly consisting of own produced crops. Morales, Aguilar and Calzadilla (2004) concluded in their study on malnutrition among children in Bolivia that geography plays an important role in what food that can be fed to the children.

Another aspect of the geographical impact on food consumption is the difficulty for the population to sell their crops in the city, due to long distances and poor roads (Morales Magne, 2012). Thus generating an income is difficult which also makes it hard to buy other crops (Morales, Aguilar & Calzadilla, 2004). Even though a small fraction of the mothers sometimes travel to the city where they buy fruits and vegetables not growing in Sapahaqui, as bananas, the majority does not seem to have this possibility.

The families who seem to have more material capital are the ones living closer to the city, whereas the families living in the most adverse communities seem to struggle more. However, less capital does not mean dissatisfaction. Bourdieu argues that people who have little

material capital are more likely to be pleased with what they have, than those with more material capital (Webb, Schirato & Danaher, 2002). Even though the ones with less material capital might be pleased with what they have it does not mean that they have enough to raise healthy children. It appears that those in the greatest need, as for example Waylla “In a village”, are not reached by any support as some of the families living closer to the city are. For instance, the families closer to the city are supported with nutribebe from the Ministry of Health and Sports of Bolivia.

Habitus determines people’s actions in accordance to the social field

People act according to their habitus, which is shaped by their social field (Bourdieu, 1977). In this case it means that people are referred to the few possibilities in Sapahaqui.

In Sapahaqui there are very few options for the caring of the children throughout the day, as many mothers work long days at the fields. This has implications for the feeding of the children. When brought to the field they are given non-complete meals and snacks or are fed inadequate if at home with their siblings.

The poor sanitary conditions also limit appropriate feeding practices. The mothers probably don’t reflect over these poor conditions when practicing complementary feeding, as these practices derive from an unconscious process going on in their minds (Jenkins, 1992). Though, when complementary feeding is practiced in an unhygienic way the risk of infections is high and can cause a state of malnutrition that highly affects the child’s health (Forste, 1998), and is a big reason for the child deaths in Bolivia (Ministerio de Salud y Deportes, 2005). When not seeing these unhygienic conditions as a risk for their children’s health, they will not take action to change the situation.

As mentioned, people act according to the limited resources within the social field, which mean that they probably are saving up what they have (Bourdieu, 1977). This could explain the thin soup fed to the children. The mother guide is concerned about the thin soup and points out that there should be more vegetables in it, which she states that the doctor has said. As also advised by the doctor there are products, like quinoa, to buy that are cheap and nutritionally helpful. Through providing the mothers with knowledge to use their resources, they can feed their children in a way that could prevent malnutrition. With knowledge the mothers are given tools to, by themselves, improve the situation. This way of empowering people, is a concept called empowerment (Korp, 2004). To provide knowledge could be very helpful as the WHO (2003b) states that malnutrition often is caused by incorrect knowledge about complementary feeding practices rather than by insufficient amounts of food.

Cultural capitals- how complementary feeding is practiced

The living conditions in Sapahaqui frame how complementary feeding can be practiced. The mothers’ practices of complementary feeding are severely influenced by previous generation’s work. Bourdieu (1977) would say that the earlier practices have influenced the social field to the extent of how they are practiced today.

One part of the influences is myths that have been passed on from one generation to another. Amaya, in the story “On a field”, has been told by her mother and other women of previous generations for how long she should breastfeed. Waylla, in the story “In a village”, does not relate her child’s illness to insufficient amount of food or inappropriate feeding practices, but to an odour from a dead animal. Furthermore, there are also perceptions that are passed on, as for instance the perception about insufficient breast milk which sometimes result in giving the new-borns urine or introducing food too early. Mothers in another rural part of Bolivia share the same perception and believe that urine cleans the child’s stomach and makes the child stronger which is why this is given to new-borns (Cruz Agudo, Jones, Berti & Larrea Macias, 2010). McCann and Bender (2005) argue that a state of insufficient breast milk will occur when mothers give their children something else than breast milk, such as urine, due to no production of breast milk when there is no stimulation.

The myths and perceptions could be considered as cultural capitals as they have become a part of the culture, the social field, and are considered as valuable to the mothers (Bourdieu, 1977). The mothers rely on these when it comes to caring and feeding of the child, as they are well-recognised practices. It is therefore of high importance that these practices are healthy and good for the child. As noticed, some practices are not. Appoh and Krekling (2005) state that nutritional knowledge obtained from family and friends generally should not be trusted since it in these situations often is incorrect and when put into practice will result in a poor nutritional state for the child. For instance are mothers unlikely to give their children enough food if they do not relate malnutrition to insufficient amount of food (Appoh and Krekling, 2005). Another example would be mothers’ resistance to breastfeed their children after 14 months if they believe that their children will put on a bad behavior towards them when breastfed longer. This seems to be a common perception also among mothers in Northern Potosí (Cruz Agudo, Jones, Berti and Larrea Macias, 2010).

The potentially bad practices continue as there is hardly any scientifically based advice reaching the mothers in the isolated Sapahaqui. Second, there is a difficulty for the mothers to apprehend potential advice as they lack basic education. If a mother was to be given advice on when to start complementary feeding or how long to breastfeed, this advice would probably be given in numbers of months of the child. When a mother has difficulties to count she will not know how many months old her child is and therefore will not know when to start giving food, although she has been told to start by the age of six months. Even if the mothers lack basic education it has been shown that they can assimilate nutritional knowledge given to them (Appoh & Krekling, 2005). However, even if the advice are reached and apprehended by the mothers, the practices would probably not be easily changed, as the advice will be filtered through the established practices, which are an integral part of the habitus and the social field (Webb, Schirato & Danaher, 2002). Although today, there is some advice given by personnel at health centres, which seems to mostly reach the younger mothers. This might imply that the younger generation will base some of their future actions on advice coming from health centre personnel rather than their own mothers. This per se, could indicate that there is a partial change of the social field going on. As habitus is a set of durable generative

schemes it is not everlasting and therefore can be changed, which could have an impact on the social field (Bourdieu & Wacquant, 1992).

A transformation that can be seen is one influenced by the western food culture. Some mothers in Sapahaqui can hardly buy milk and oats for their children. Though it appears, from all the snacks scrap, pet bottles and instances of mothers giving their children Coke, that people there buy soft drinks and snacks. Whether this is controlled by priorities of the mothers or prices is unclear, though it could be said that the western culture has preceded the society's own development, a development which is of great importance for the children's health. Currently the society of Sapahaqui has plenty of soft drinks but no clean and running water and children who suffer from malnutrition. The western culture has transformed the social field and affected the food consumption. The transformation has come to such an extent that the soft drinks in Sapahaqui could be seen as a cultural capital (Webb, Schirato & Danaher, 2002), as this is what people in Sapahaqui proudly invites guests to drink. Being a cultural capital, it is likely that the population will continue to consume soft drinks. Transformations of social fields are a gradual process, which could imply that the food culture in Sapahaqui could be further transformed into a more Western one as time passes (Webb, Schirato & Danaher, 2002).

A study made in countries of Latin America, of which Bolivia is one, concluded that the Western food culture, high in refined sugars and processed foods, is rapidly influencing these countries. The study shows that in these countries there is a clear increased prevalence of diseases as coronary heart diseases that is linked to this kind of food. These diseases cause major costs, which are already affecting health systems that still struggle with malnutrition and diseases linked to this condition (Bermudez & Tucker, 2003).

To improve the complementary feeding practices there are mother guides working for Primavera to support mothers of young children. The mother guides seem to share the same cultural capitals as the mothers as they also believe in the myths that we have come across. Mother guides giving advice based on potentially harmful myths and perceptions is a major problem concerning the children's health.

Another concern is the approach towards the mothers which can be seen in the story "At the Primavera Center" where one of the mother guides express "Most mothers don't do as they should, not like me". In this way of expressing oneself it can be deduced that the person believes that he or she has more power than others. Bourdieu would explain this power as a result of having more material capital than others, which is depending on having a higher education, class and position in the field but also of having more social connections (Webb, Schirato & Danaher, 2002). Abuse of one's power probably affects the contact with others and as the mother guides are a link between Primavera and the mothers this kind of approach towards the mothers is problematic.

Conclusion

This thesis has looked on how complementary feeding is practiced by the mothers in Sapahaqui. To conclude we have seen that the children are mostly fed the type of food that the rest of the family eat, which implies that the food given to the children are crops produced in the area. The amount of food that is given to the children varies, but it seems that some children are fed with insufficient amount of food. The duration of breastfeeding and the time for introducing food to the children is determined by how previous generations have done and in some cases according to advice from health personnel. The population lives with poor sanitary conditions, which implies that the food too often is prepared, served and fed to the child in an unhygienic way. As children are more sensitive during the transition period from exclusive breastfeeding to complementary feeding the unhygienic conditions implies a great risk to the children's health and future.

We have also looked at how the socio-cultural context influences how the mothers practice complementary feeding in Sapahaqui. The main findings show that myths and established practices have a great impact on how complementary feeding is practiced. Their impact is a result of lacking education and knowledge. Furthermore the amount of material capital and geography limit the possibilities on what to feed the children.

Way forward

This thesis has looked upon complementary feeding practices in a broader perspective, which shows that there is a need to improve the living conditions for the population. Taking into account that there is a big gap in the research on this subject and in particular the socio-cultural aspects on complementary feeding more research is needed. We hope that this study will be beneficial by providing a basis for future research, but also as a guide for interventions.

Potential aid organisations, in particular ChildFund Bolivia, might be helped by this work. As we come from a different culture this thesis might give new perspectives on complementary feeding practices as well as on the socio-cultural causes to the practices. The thesis could be seen as a guide to when planning future projects in Sapahaqui and maybe other rural parts of Bolivia with similar culture.

In Sapahaqui today, the children are already supported in some ways. Mother guides, who are educated by ChildFund Bolivia work to improve the development of the young children. It is important that information and advice given to the mothers and potentially other family members, by the mother guides, is adjusted and communicated in a way that they can apprehend. Therefore, it would be helpful to further educate the mother guides, both in early childhood development issues and in how to respectfully and pedagogically provide advice to the mothers.

To spread knowledge about appropriate feeding practices that the mothers can assimilate a suggestion could be that the mother guides run workshops concerning these practices. Participating in these would primarily be the mothers, as they are the main caregivers of the children. To also include the grandmothers in these workshops is important as they have a great impact on the complementary feeding practices.

Such workshops could primarily concern making the mothers aware of the unhygienic conditions so that they easier can avoid infecting the food they give their children. The mother guides could also be giving knowledge that counteracts the myths and perceptions. Furthermore, a subject for discussion between the mother guides and the mothers at the workshops could be how to best use the resources available, as much of the practices could be improved even if the population's possibilities are scarce.

In order for appropriate feeding practices to take place it is of great importance that the mothers actively participate in the workshops. Besides, information dealt with on these workshops would beneficially be handed to the mothers in pictures afterwards so that they can be remembered of the importance of appropriate practices in everyday life. With knowledge the mothers are given the possibility to, by themselves, improve the situation. Before providing knowledge it is essential to know and understand the cultural setting so that the ones who are meant to assimilate the knowledge will be able to do so. Therefore, it is important that someone of the culture, like the mother guides, will provide this knowledge.

The problem concerning the caring of the children whose mothers work long days at the fields could be solved through creating parental cooperations. We suggest that a group of mothers take turns in caring for the children, in order to create better complementary feeding practices for the children who otherwise are brought to the field and fed inadequately. It is suggested that the cooperations include helping out with each other's field work and then split the earnings. By doing so, the mothers, whose turn it is to take care of the children, will not miss out on income from not being able to work at the field. As cooperations they would also jointly be able to solve other problems in the long run. The local ChildFund project Primavera could be a great help in creating these parental cooperations.

More details on the above suggestions will be provided to ChildFund Bolivia. We believe that implementing these suggestions could be an initial way to improve the complementary feeding practices and thereby creating a healthier and better future for the children in Sapahaqui. Such improvements would also have positive implications for the development of the country.

Discussion of methods

The data collection method

Following Childfund Bolivia's baseline project in Sapahaqui, we sometimes encountered difficulties. As the baseline was a quantitative project and we wished to collect qualitative data it didn't always go hand in hand. The time that the baseline had planned for conducting the questionnaires was short to conduct interviews. Those few mothers who wanted to speak longer could not do so due to our brief schedule in each community that made our time for each interview very short. The short data collection period (three days) also resulted to not having any time to reflect nor adjust between the interviews and observations. If we would have had more time to do some adjustments and reflections, the quality of the interviews and observations might have been better.

Some of the informants had already answered the survey before we started the interview, which might have been a contributing factor for the short answers that were given. Additionally, the mothers could have been uncomfortable, stressed or not used to sitting down. They might as well not have been used to speaking for a long period of time or they might not be used to speak with strangers about the topic. These could be some of the reasons on why the mothers did not share any deeper thoughts.

We don't know how the mothers actually felt about having two strangers in their homes, although we tried our best to make them feel comfortable. Some of the mothers gave us fruits when they hardly could feed their children. Apart from being polite, this could be an indication of them feeling inferior to us. If that was the case, the mothers might have been afraid of answering "incorrect", which might have resulted to the mothers' short and concise answers. Spending more time with the mothers could have avoided those problems and made them feel more comfortable.

We cannot be sure whether the mother guide translated precisely what the mothers communicated. She might have explained it to us in her own interpretation, which then has influenced the data. During the first two interviews, the mother guide advised the mothers on how to practice complementary feeding and sometimes she asked her own questions. We experienced that this affected the relation and atmosphere between the mothers and us. It could also have influenced the information that the mothers shared, thus valuable data may have been lost. The ethical part of this issue is though more important. These mothers probably felt very uncomfortable about being lectured, which might have been avoided by being more precise about the mother guide's task beforehand.

The observations enriched the data collected from the interviews with the mothers and made the data more reliable. This was even more important since the interviews became short and the mothers hardly gave any thick answers. To not inform the mothers that we were observing is problematic through an ethical point of view, though it was decided to be the best solution so that the mothers would not feel uncomfortable. As well as the observations complemented the data from the interviews so did the interview with the mother guide, who shared her

experiences on how other women practice complementary feeding.

Dividing the data collection between us two was beneficial. The one of us that doesn't speak Spanish was then able to completely focus on observing the setting, which also allowed the one who speaks Spanish to focus on the interviews and the communication with the mothers and other family members. As two of the observations were made by both of us the data collected were different. This is seen as positive, since it made the data richer, than what it would have been if only one would have observed.

Sample

Following the base line project and meeting women from different communities in Sapahaqui made our data more representative than if we had just stayed at one place. Two out of ten mothers had children above two years of age since there were no mothers with younger children available in the community by the time we arrived. The data from those interviews could be weaker than the others, since these mothers probably don't remember as much on how they practiced complementary feeding. Instead, they might have just informed us on how they do it at present. Although we could see the similarities between what these mothers told us and the other interviewed mothers which means the data were useful.

Language barrier

To conduct a field study in Bolivia, we had to switch between three languages; Spanish, English and Swedish, which caused problems and limitations in our study. Additionally the interviewed mothers, other than Spanish, also spoke Aymara (an Indian language), causing further limitations.

There might be disadvantages with interviews as a data collection method when performing them in a third language. Information communicated by the mothers could be incorrectly understood. It was particularly problematic in this case as the informants did not speak Spanish as first language, which made the possibility for not understanding their way of speaking even bigger. If we have had more knowledge about the way the women express themselves, we probably had received more information. For instance, "comida" (Spanish for food) is understood as lunch or warm prepared food for these women. We used this word to ask the mothers what they fed their children with during the day, which resulted in that they only answered what they had for lunch and other warm meals.

Possible misunderstandings could have been avoided by preparing for the interviews more. This could have been done through talking to people who speaks Spanish the same way the informants did or with people who knows how they express themselves. It could also have been avoided by observing for a longer period. For instance, it is easier to estimate how much vegetables they put in the soup if we would have been able to see how they practice complementary feeding. Therefore, a longer time of observing the setting might have provided more reliable data.

A western perspective

Naturally, our western perspective has reflected the way we look upon the data collected, although we have tried to be as objective as possible. It is almost impossible to analyse data without the influence from our background and culture. This would though have been true even if the data would have been collected in our home country and own culture.

Narrative writing

As writing in a narrative way may be a long and complex process, the data have been gone through several times. This process has made us go deeper into data and analyse it more than would have been done with a more traditional way of writing. Additionally it could be seen as a great advantage to present the results in a narrative way when conducting a study in a different country and different culture. This is true as it probably makes it easier for the reader to get a good picture of the situation related to the research problem when reading a narrative.

Improvements

More time for preparation before entering the field, in particular to get a deeper understanding of the culture would have been a benefit and could have facilitated the work in the field. Deeper prior knowledge about the culture of the informants probably would have provided more information. It might also have been easier to create rapport and make the informants more open-minded and comfortable. As mentioned earlier, a longer period to observe how the mothers practice complementary feeding would have been an advantage in order to receive more reliable data.

Own reflections

A year has now passed since we started this journey. When writing the project plan to apply for the scholarship to do this Minor Field Study, we had no idea what was awaiting us. We have encountered difficulties along the way, which sometimes have been tough, though we believe that we have learnt something from every one of them. The experiences that we had on this journey have given us memories that we will never forget. We are very grateful that we were given this opportunity.

We leave Sapahaqui with mixed emotions. The impressions are many. We have possibilities in life that they will never have. We are enormously grateful for these, after seeing how miserable life can be. We deeply wish that there will be a change in Sapahaqui so that the children and the mothers that we have met and the rest of the population will have a better future ahead. We will never forget their joy and smiles. We especially remember three older women that embraced us with joy and welcomed us into their home, with open arms. We will always keep you in our hearts, everyone of you who we met in Sapahaqui.

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Appendix 1

Interview guide with mothers

Easy talk: How many children have you given birth to?
 How many children do you have?
 How old are your child/children?

We are interested in your experiences of breastfeeding and other food that you might give to your child. Would you like to tell us about your experiences about this?

Breastfeeding

Exclusively?

To what age will you give exclusively? After?

If no: When did you stop? (How many months was the child?)

How have you done from the birth of your child until today?

Why do you do as you do?

Complementary feeding practices

When did you start?

Times a day?: Breastfeeding and complementary feeding?

Frequency?

Type of food?

How much?

Up to what age will you breastfeed?

How have you done from the birth of your child until today?

Why do you do as you do?

Introduction of food/No breastfeeding

When did you start?

Times a day?

Frequency?

Type of food?

How much?

How have you done from the birth of your child until today?

Why do you do as you do?

Serving of the food and feeding of the child

Type of utensils?

How do you feed?

Would you like to tell us anything else about your experiences?

Guía de entrevistas con madres

“Conversación sencilla”: Cuantos hijos ha nacido?
Cuantos hijos tiene usted?
Qué edad/es/ tiene/n/ su/s/ hijo/s/?

Nos interesa saber que experiencias tiene usted acerca de dar el pecho y otros alimentos que tal vez da a su hijo/hija. Nos podría contar sobre sus experiencias de esto?

Dar de pecho

Exclusivamente?
Hasta que edad va a dar exclusivamente? Después?
Si no, cuándo dejó (cuantos meses tenía su hijo)?
Como ha hecho desde el nacimiento hasta hoy?
Por qué hace cómo hace?

Prácticas de otra comida que no sea su pecho

Cuándo empezó?
Veces al día?: dar de pecho y otros alimentos además de pecho.
Frecuencia?
Tipo de comida?
Cuánto?
Hasta que edad va a dar de pecho?
Como ha hecho desde el nacimiento hasta hoy?
Por qué hace cómo hace?

No dar de pecho, solamente comida

Cuándo empezó?
Veces al día?
Frecuencia?
Tipo de comida?
Cuánto?
Como ha hecho desde el nacimiento hasta hoy?
Por qué hace cómo hace?

Sirviendo la comida y alimentando al hijo

Tipo de utensilios?
Cómo alimenta?

Usted quiere contarnos algo más sobre sus experiencias?

Appendix 2

Interview guide with mother guides

Easy talk:

Job as mother guide

Numbers of children and their ages

What is your perception of the way complementary feeding is practice in Sapahaqui?

What do you think lays behind these practices?

What are your thoughts about this topic?

Appendix 2

Guía de entrevistas a las madres guías

Conversación sencilla: Trabajo de madre guía?
Cuántos hijos y sus edades?

Cómo es su percepción de cómo se practica alimentación complementaria aquí en Sapahaqui?

Qué piensa usted que está detrás de las practicas?

Cuáles son sus pensamientos sobre este tema?

Appendix 3

Observation scheme

Facilities

Water access
Electricity
Kitchen
Food
Toilette
Garbage

People

What people
Age
Occupation
Education

Relationship

Mothers-children
Fathers-children
Wife-Husband
Women-Men
ChildFund-Population

Language

Who is speaking mostly?
How do they talk to each other?